

REASON		GRADE O A	Inspection Date: 07/31/2018		ESTABLISHMENT NAME: SAGAN LWALA TRANSITIONAL LIVING PROGRAM	
Regular	✓		Time In/Out: 3:20PM 3:45PM		OWNER/OPERATOR: SANCTUARY, INC.	
Follow-Up						
Complaint			Sanitary Permit No.: 20000-100002120		LOCATION:	Establishment Type:
Investigation					CHALAN PAGO	FSOC
Other:				PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
No. of Children: 0 Male 2 Female 2 Total			Child Care License: No.: 170175 / <input checked="" type="checkbox"/> Valid / <input type="checkbox"/> Provisional / <input type="checkbox"/> Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

Received By (Name & Title): SARITA ILESU CAM Case Manager Int'l Liaison
DEH Inspector (Name & Title): V. RA-MUNDO, OPITO I 300-9570